

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10810703* FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6						
7		1				
8		1				
9		1				
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11		1				
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	1					
TOTAL CLAIMS	1					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53		1						
54		1						
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								